

### **In the Drawings**

The attached sheets of drawings include replacement sheets of drawings for FIGS. 6a-6c and FIG. 7. The replacements sheets replace the previously filed informal drawings. No new matter has been added. Four (4) sheets of replacement drawings have been provided to replace the four sheets of informal drawings showing FIGS. 6a-6c and FIG. 7.

## **REMARKS**

Claims 1-12 and 14-15 are currently pending in the present application. Claim 13 has previously been cancelled without prejudice. Amendments have been made to the claims for clarity and to remove the reference numbers. New claims 14 and 15 have been added. Support for the newly added claims may be found throughout the specification, for example, on page 9, lines 21-22 and page 11, lines 5-13. No new matter has been added.

Replacement sheets of drawings for FIGS. 6a-6c and FIG. 7 have been provided with this Amendment.

Reconsideration is respectfully requested.

### **I. Drawing Objections**

FIGS. 6a-6c and FIG. 7 have been objected to for failing to comply with 37 C.F.R. 1.121(d).

Applicants have provided formal replacement sheets of drawings to replace the informal drawing FIGS. 6a-6c and FIG. 7 filed with the application. No new matter has been added.

The drawings have been objected to under 37 C.F.R. 1.83(a). The Examiner has required that the drawings show the slot for the attachment device as claimed in claim 8.

Applicants have amended claim 8 for clarity. Claim 8 requires that the slot be formed on the same wall that includes the attachment device. This feature is shown in several FIGS. For example, see FIGS. 6b, 6c and 7.

Therefore, Applicants respectfully request that the objections to the drawings under 37 C.F.R. 1.121(d) and 37 C.F.R. 1.83(a) be withdrawn.

### **II. Claim Objections**

Claims 1 and 9 have been objected to for informalities.

Applicants have amended claim 1 to recite “ at least one of said walls” and have amended the term ‘with” to width.” Applicants have deleted the term “out” from claim 1 as suggested by the Examiner. Claim 9 has also been amended to remove the informalities.

Applicants respectfully request that the objections to claims 1 and 9 be withdrawn.

### **III. Claim Rejections Under 35 U.S.C. § 112**

Claims 1-12 have been rejected under 35 U.S.C. § 112, second paragraph as being indefinite.

Applicants have amended claim 1 to recite the term “a center” to replace the term “the internal area” in line 10. Applicants have also amended claim 9 to recite a method of adjusting the length of an infusion tube. The term “the internal area” has been deleted from claim 9. Further, Applicants have amended claim 9 to provide antecedent basis for the term “inlet opening” and to clarify the recitation in lines 20-23. Claim 10 has been amended to recite “at least one slot.”

Therefore, Applicants respectfully request that the rejections of claims 1-12 under 35 U.S.C. § 112 be withdrawn.

### **IV. Claim Rejections Under 35 U.S.C. § 102**

Claims 1-8 have been rejected under 35 U.S.C. § 102 (b) as being anticipated by Burger et al. (U.S. 4,802,638, “Burger”).

Applicants respectfully traverse the rejection of claims 1-8 as being anticipated by Burger based on the traversals discussed below.

Burger is directed to a cord stowage apparatus for winding earphone cables. The cord stowage apparatus includes an open state (FIG. 5) and a closed state (FIG. 6). As described in the specification,

“It is noted that in FIG. 6, the spacing between members 110 and 120 has been exaggerated for clarity. In fact, in one embodiment of the invention, rims 115 and 125 of members 110 and 120 actually are in contact with each other due to the elastic forces with pull rims 115 and 125 inward toward spool 100. Thus, as cable 60 (shown in subsequent drawings) is wound around spool 100, rims 115 and 125 are pushed apart at each

point along rims 115 and 125 which cable 60 contacts in the course of winding. (Col. 4, lines 5-14.)

In other words, the walls of the device disclosed in Burger in the closed position are either actually touching or very close together and must be pushed apart to receive the cord on the spool. Burger also includes vertically aligned notches 117 and 127 that form a channel 160 opening in the rim of the device in which cable 60 is slidably engaged by members 110 and 120. (Col. 6, line 65-Col. 4, line 2.)

Burger, which purposefully squeezes the cable all around (Col. 4, lines 17-19) to return it on the spool, does not teach or suggest a device having at least one slot arranged in one of the walls such that an infusion tube can pass through at least one of the walls. Burger further fails to teach or suggest that the at least one slot extends from a periphery of the wall *radially* towards a center of the wall. The channel of Burger is formed by two vertically aligned notches in the rim of the device where at most, the notches extend axially on the rim and not toward a center of the wall. In addition, Burger fails to teach or suggest an inlet opening extending around the connecting element, the inlet opening having a width M measured between the walls and sized to allow passage of a single infusion tube. The walls of Burger contact each other must be pushed apart to allow the cable to be wound on the spool.

In contrast, Applicants' claim 1 requires at least one slot arranged in one of the walls such that an infusion tube can pass through at least one of the walls, the slot extending from a periphery of the wall *radially* towards a center of the wall. Claim 1 also requires an inlet opening extending around the connecting element, the inlet opening having a width M measured between the walls and sized to allow passage of a single infusion tube. It is important not to squeeze the infusion tube so that liquid flow is not interrupted by squeezing or kinking. Burger clearly fails to teach or suggest any of these elements in Applicants' claim 1.

Therefore, Applicants respectfully request that the rejection of claims 1-8 under 35 U.S.C. 102(b) be withdrawn.

**V. Claim Rejections Under 35 U.S.C. § 103**

Claims 9-12 have been rejected under 35 U.S.C. § 103 (a) as being unpatentable over Burger et al. in view of Shober, Jr. et al. (U.S. 5,265,822, "Shober, Jr.").

Applicants respectfully traverse the rejection of claims 9-12 as being unpatentable over Burger in view of Shober, Jr. since the references alone or in combination fail to teach or suggest a method of adjusting the length of an infusion tube where the infusion tube is inserted into an inlet opening having a width M sized to allow passage of a single infusion tube. Furthermore, Applicant respectfully asserts that one skilled in the art would not combine the device for winding earphone cables of Burger with the open walled intravenous supply tubing storage device of Shober, Jr. as required by §103.

As acknowledged by the Examiner on page 7 of the Office Action, Burger fails to disclose an infusion tube. Shober, Jr. has been cited for teaching a reel 10 for an infusion tube 30.

Burger is directed to a cord/cable winder and has been discussed in detail above. Burger clearly fails to teach or suggest the device claimed in claim 1 for adjusting the length of an infusion tubing. Burger also fails to teach or suggest a method of inserting an infusion tube through an inlet opening having a width sized to allow passage of a single infusion tube or securing the first and second end portions of the tube in the slot or the inlet opening.

Shober, Jr. discloses an assembly for supporting and storing an intravenous supply tube. The body 12 includes a pair of flanges 14 and 16 extending radially outwardly from each end of the body 12. The flanges 14 and 16 have an elliptical shape and extend from the body 12 a sufficient distance to allow several windings of tubing around the body. The radial height of the flanges should not, however, be so high as to interfere with the handling of the tubing. (See Col. 4, lines 7-14.) As described in the background of Shober, Jr., one of the problems with infusing tubing is that the flexible nature of the tubing can result in tangling. Tangling of the supply tubing is problematic in that the tubing can be pinched or otherwise constricted to reduce the supply of fluid to the patient. The tangling and/or snagging of the tubing may not be

observed for some time and can result in injury to the patient. (Col. 1, lines 25-36.)

The device of Shober, Jr. is an open device where the user can observe the tubing and the radial height of the flanges is not so high as to interfere with the handling of the tubing. Shober, Jr. clearly fails to teach or suggest a device as claimed in claim 1 having walls that converge from the connecting element towards the inlet opening. Shober, Jr. also fails to teach or suggest an inlet opening having a width measured between the walls and sized to allow the passage of a single infusion tube or a method where the tubing is inserted into the inlet opening. Shober, Jr. is much wider. Shober, Jr. clearly fails to make up the deficiencies of Burger.

In addition, Applicants respectfully assert that there is no motivation to combine these references as required by §103. It is known to one skilled in the art that devices used with infusion tubing must not kink or squeeze the infusion tube. The infusion tubing retaining devices known in the art, for example Shober Jr., are open devices that allow the patient to easily observe the placement of the infusion tubes. Indeed, the Shober Jr. discusses the importance of observing the tubing in specification. Shober Jr. further describes that the radial height of the flanges should not be so high as to interfere with the handling of the tubing. Clearly, one skilled in the art would not look to an enclosed cable winding housing disclosed in Burger to make the walls of Shober Jr. converge. In fact, one skilled in the art not be motivated to look to a device taught by Burger for infusion tubing because the contacting or nearly contacting walls of the Burger device that purposefully squeeze the cable would squeeze and possibly kink the hollow infusion tubing and interfere with the flow of fluid. A cable can easily be forced through an opening without consequences whereas an infusion tube must be handled to avoid squeezing and kinking. The Burger device does not even contemplate the need to avoid squeezing a tubing as the tubing is fed onto the winder. Combining the Burger and Shober, Jr. references is improper.

Burger and Shober, together or individually, fail to teach or suggest a method of a method of adjusting the length of an infusion tube where the infusion tube is inserted into an inlet opening having a width M sized to allow passage of a single infusion tube.

Applicants respectfully request that the rejection of claims 9-12 under 35 U.S.C. § 103 (a) be withdrawn.

**VI. SUMMARY**

Having carefully addressed all the rejections of the Examiner in the June 25, 2008 Office Action, it is respectfully asserted that the claims properly define the invention and that the invention is both novel and non-obvious. Allowance of the present claims is earnestly solicited.

Applicants respectfully request that the Examiner call the undersigned with any questions regarding this response to expedite the prosecution of the application.

Respectfully submitted,

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